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ABSTRACT

Intended for use by education, health, and child care specialists, the manual describes the development of an interdisciplinary community-based screening program for infants and toddlers. Part I examines four basic planning considerations: needs assessment, personnel, instrumentation, and parents' needs. Part II focuses on aspects of program implementation: screening arrangements, personnel training, the screening process, case review, and follow-up. The final part addresses cost considerations, including start-up costs, continuing costs, and interagency cooperation/personnel needs. Examples from a pilot project are cited throughout, and sample forms, letters, and procedures are also provided. (CL)

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INFANT - TODDLER SCREENING GUIDE

FIELD TEST EDITION

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM
SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA

SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA

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The INFANT - TODDLER SCREENING PROGRAM is part of the activities of the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM located in the School District of Pinellas County, Florida.

The HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM is a demonstration project funded through the Handicapped Children's Early Education Program (HCEEP) of the Office of Special Education of the United States Department of Education.

This guide is designed to assist others in developing an Interagency Infant - Toddler Screening Program. The policies and procedures expressed herein are the sole responsibility of the HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM.

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

November, 1985

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Ms. Sally Waldron, ERIN Specialist
Mrs. Vena Ulm, Preschool Consultant
Mrs. Barbara Finck, Day Care Licensing Board
Mrs. Marilyn Schoenborn, parent of high school student
Heather Schoenborn, high school student
Mindy Bunce, high school student
Mrs. Carla Coyne, parent of preschool child

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Ladoca Publishing Foundation
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Scholastic Testing Service, Inc.
Stoelting Company

Preface

The Infant-Toddler Screening Program is designed as a community-based program. It requires interdisciplinary and interagency cooperation. With this cooperation, the program can be implemented at a low cost while providing a comprehensive developmental screening of young children.

This guide is designed to be used by education, health and child care specialists. It is divided into three parts to facilitate its use. The three sections cover development, implementation, and cost factors of the screening program.

Part I examines the four basic considerations in developing the screening program:

1. Needs Assessment
2. Personnel
3. Instrumentation
4. Parents' Needs

Part II is concerned with implementing the program and includes:

1. Screening Arrangements
2. Personnel Training
3. The Screening
4. Case Review
5. Follow-Up

Part III describes cost considerations. It deals with financial expenditures, time and personnel requirements. The factors are delineated as:

1. Start-Up Costs
2. Continuing Costs
3. Interagency Cooperation/Personnel Needs

To facilitate explanations, examples from the pilot project are cited throughout the guide. These are indented and written in italics.

THE HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

INFANT-TODDLER SCREENING GUIDE

TABLE OF CONTENTS

Acknowledgements	iii
Preface	v
 I. DEVELOPING AN INTERAGENCY COMMUNITY INFANT-TODDLER SCREENING PROGRAM	 3
1. <u>Conducting a Needs Assessment</u>	5
• Scope of Screening	
• Formal Needs Assessment	
• Compiling the Survey Information	
• Using a Checklist	
2. <u>Developing a Team</u>	13
3. <u>Instrument Selection</u>	15
• Motor and Speech and Language Assessment	
• Social/Emotional	
• Medical	
• Hearing	
• Vision	
4. <u>Parent Materials</u>	17
 II. THE INFANT AND TODDLER SCREENING PROGRAM	 19
1. <u>Setting Up the Screening</u>	23
• Logistical Considerations	
• Material Acquisition	
• Advertising	
• Scheduling	
2. <u>The Training Session</u>	33
3. <u>Conducting the Screening</u>	35
• Prescreening Preparation	
• Client Arrival	
• Intake	
• Parent Interview	
• Medical History	
• Functional Vision	
• Hearing	
• Speech and Language	
• Motor Skills	
• Exit Interview	
• Technical Review of Screening	
4. <u>Handling the Results of the Screening</u>	39
5. <u>Follow-Up Procedures</u>	41

III. COST CONSIDERATIONS	43
1. <u>Start-Up Costs</u>	47
• Needs Assessment	
• Non-Consumable Materials	
2. <u>Continuing Costs</u>	49
• Advertising	
• Consumable Items	
• Parent Materials	
3. <u>Interagency Cooperation/Personnel Needs</u>	53
 APPENDICES	 57
A. Sample Child's Folder	59
B. Sample Follow-Up Letters	87
C. Program Forms	93



PART I

DEVELOPING AN INTERAGENCY
COMMUNITY
INFANT-TODDLER
SCREENING PROGRAM

1.

DEVELOPING AN INTERAGENCY COMMUNITY INFANT-TODDLER SCREENING PROGRAM

The development of any screening program should be based on the fact that a need for such a program exists. Determination of this need includes identification of the parameters and goals one wishes to meet with the screening program. Once these decisions are made, a formal needs assessment should be conducted. Using an interagency approach requires that interest and commitment of the different agencies involvement must be sought from the beginning. Later, formal agreements may be necessary.

Using the survey results, goals may need to be modified and program parameters changed. Based on that information, one can assemble a screening team, select appropriate instruments, identify other desired materials, and start to explore advertising and site requirements.

Part I examines the four basic requirements of developing an inter-agency program:

1. Needs Assessment
2. Personnel
3. Instrumentation
4. Parents' Needs



1. CONDUCTING A NEEDS ASSESSMENT

A SCOPE OF SCREENING

It is imperative to determine the expected parameters of the screening prior to conducting a formal needs assessment. Included in the delineation should be who is to be screened, what areas are of concern, and possible instruments to use. It is also important to delineate the benefits such a program will have for the community.

The goals of the screening program are:

1. Early identification of children who have possible needs for further evaluation and special services to enable them to develop more fully.
2. Promotion of parental awareness of
 - normal developmental milestones
 - community resources available for special needs children
 - activities to promote maximum developmental growth in their children.

Population to be Screened

In looking at the preschool population, a review of existing screening programs will assist in deciding the ages of children to be screened in this program. This document deals with a screening program for children from birth to three years of age. The procedures described are designed for the needs of the infant-toddler population (although they are probably generalizable to other populations.)

In the project, the infant and toddler population was selected based on several factors. First, the local Child Find agency already conducted a massive screening program for three to five year olds. Including these children would be a duplication of service. Second, the needs of infants and toddlers, because of their developmental stages, are quite different from the older preschool population. Third, instruments which are best used with children under three are seldom the same as those that are most effective with three to five year olds.

Areas to be Screened

Cognitive development at the infant-toddler stage is basically assessed through sensori-motor and language abilities. If children with emotional/behavioral problems are to be screened, this is a particular challenge. Many times emotional problems are manifested in a variety of behaviors, so social skills, the parent-child interaction and the perceptions of the child's behavior are important. Again, cognitive development may also be related to social skills.

Medical concerns are the other primary area. This includes prenatal care, the child's medical care since birth, immunization record and current health.

These considerations result in the following areas for screening:

- functional vision
- hearing
- motor coordination (fine/gross)
- speech and language
- social/emotional
- parent/child interaction
- medical history

Instrumentation

With the areas for screening determined, the next consideration is instrumentation. Instrumentation considerations are many. They include time and ease of administration as well as the worth of the instrument and the results. Time and ease of administration dictate the use of a single instrument, but it is difficult to determine if a single instrument can adequately cover all the areas. Ethnic and geographic biases as well as general reliability and validity of the instrument also need consideration. The final concern is that it could be helpful if the individuals doing the screening and those receiving the results are already familiar with the instrumentation.

Initially, the project decided to use two instruments and observations. The first instrument selected was the Denver Developmental Scale. Physicians are familiar with it, as are many human services and educational professionals. It is reputable and easy to administer. The second instrument needed was a parent interview form to cover prenatal, perinatal and postnatal information. It is also to cover the parents' perception of the child's abilities. Observation of the child by personnel and questioning about immunizations were the other ways of gathering data. However, project personnel left themselves open to other ideas throughout the formal needs assessment and the personnel training session.

Sites

Geographic factors and population needs must be considered in order to determine potential screening sites.

For example, this HCEEP project is located in a large county-wide program. This dictated that more than one screening opportunity would be necessary. Geographically the county is divided into "North County" and "South County"; therefore, it was decided to have two screenings the first semester, north and south county respectively. Subsequent need was to be determined based on the results of those screenings.

▲ FORMAL NEEDS ASSESSMENT

The formal needs survey should have two parts - a cover letter explaining the screening concept and a short survey. The length of the cover letter information will depend on the acceptance of screening, early identification, etc. in the community. It should clearly state why the survey is being conducted, the goals of the screening, and a brief sketch of what one wishes to accomplish. The survey should be kept short and simple to maximize response. It is best if these be incorporated on one page.

In the case of the project, the individuals surveyed were familiar with and supportive of screenings. This reduced the cover information to a minimum. It simply stated that an infant toddler screening program was planned (with probably two per semester), and their input was desired.

To keep the survey short, respondents were asked to rate three statements on a five-point scale from 1=strongly agree to 5=strongly disagree. The third statement was for solicitation of participation. Respondents were then asked to rate the instrument previously selected and to add any other comments. (See Figure 1.)

The response rate can be maximized by including envelopes, and limiting response time to two weeks including mailing time.

Respondents

Part of maximizing the response rate is also dependent upon the recipients of the survey. Input from a number of sources including education, health and human services, medical and private program personnel, is desirable. Groups which should have interest and from whom input is helpful include public/private health agencies, area day care and preschool facilities/licensing board, public and private school systems and educational programs, local, state and federal early childhood grant programs, pediatricians, and other early childhood organizations.

Many areas have an interagency early childhood council which includes in its membership individuals from all the above mentioned disciplines. Such an organization provides an adequate and diversified sample. Utilization of this membership simplifies the problem of determining who should be surveyed, and tends to maximize the number and quality of responses.

In the project this procedure yielded a response better than 70% with respondents from a good cross-section of disciplines.

SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA



HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

Countryside High School
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January 11, 1985

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Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

To: Pinellas County Early Childhood Council Members

From: Janelle R. Johnson-Jenkins, Project Manager

As part of our federal Early Childhood grant we are considering establishing a screening program for infants and toddlers (birth to 3) similar to that Child Find has for 3-5 year olds. We will probably hold only two sessions each semester initially. We will be working with Child Find and serving as a clearinghouse/referral center.

To assist us in this matter, please complete this form and return it in the enclosed stamped, addressed envelope.

Use the following scale:

- ☐ 1 - Strongly Agree
☐ 2 - Agree
☐ 3 - No Opinion

- ☐ 4 - Disagree
☐ 5 - Strongly Disagree

- ☐ This is a needed activity.
☐ My agency would be willing to work with you in accepting referrals that meet our criteria.
☐ I would be interested in helping screen infants.

At this point it is planned to use the Denver Developmental Screening Test. What is your opinion of this test?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Horrible

Do you have other instruments you would recommend?

Other Comments:

Your Name _____

Agency _____

Thank you for your assistance.

/lk

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Figure 1. Sample of Survey Questionnaire

A COMPILING THE SURVEY INFORMATION

The results of the survey can be used to set up the screening sessions themselves.

In the project the results showed a definite perceived need for infant screening, so continuation of program development appeared warranted. However, in one case, someone thought it was a duplication of services. If responses like this do occur, they have to be followed up to determine if an actual duplication exists, and if so, how the duplication can be avoided.

Next, a listing of those professionals indicating a willingness to assist in the screening should be made. Perusal of this list will provide information regarding (1) the availability of expert personnel in all the areas to be screened. (2) It will also assist in the determination that the significant agencies in the community are all represented. From this a contact list with telephone numbers can be developed. Information regarding possible screening sites can also be acquired through the survey.

Use of the Data

The results of the survey considering possible instrumentation to be used are most helpful. Honest opinions and suggestions are received.

For example, the project's responses on the Denver Developmental Screening Scales gave ratings of "Good" to "Excellent" by physicians and nurses, while educators, therapists and human services professionals gave it ratings of "Good" to "Fair." The diversification of viewpoints assists in determining instrumentation, and as a result, modifications in instrumentation can be made. In the project it was decided to retain the Denver but add additional instruments as deemed necessary by the professionals involved.

A USING A CHECKLIST

Developing a checklist can simplify the organization process. It can also assist in providing structure to the development process as well as the screening itself.

On the following pages is a copy of the Screening Checklist developed by the project. This completed copy may be of assistance in the development of other screening programs. If it is useful, blank copies are located in the Appendix.

INFANT SCREENING CHECKLIST



I. Survey Community for Need

- ☒ Develop short survey to determine:
 - need for infant screening
 - potential professional participants *attached*
 - potential agencies to accept post-screening referrals
 - screening test suggestions/evaluations
- ☒ Determine whom to contact with survey *Early Childhood Council Members*
- ☒ Set deadline for return
- ☒ Mail survey with self-addressed stamped envelopes *{ Mail 1/11*
- ☒ Analyze responses *93% returned*
95% agreed needed
Denver O.K. - esp. w/medical/others

II. Determine Screening Procedures

- ☒ Determine areas of child development to be screened *History Med/Physical*
- ☒ Determine expertise needed by screening team members *Social*
- ☒ Determine number of people needed for screening team *Vision*
- ☒ Determine screening test(s) to be used. (May wish to keep this flexible so that it can be modified by the screening team members' suggestions *Denver, CIP, History*
- ☒ Determine approximate length of screening for each child. *1 hr. + interview*
- ☒ Determine how often to schedule appointments. *15-30 min*
- ☒ Determine appointment-taking procedures. *phone sheet*
- ☒ Determine how team will review screening data and make recommendations. *Oral, Group Discussion - Ast Screening*
- ☒ Determine where screening data and referral will be made. *All to "Child Find"*
Letter to initial Referral Source as well

III. Assemble Screening Team.

- ☒ Review responses from survey.
- ☒ Determine areas of expertise represented.
- ☒ Determine agencies represented. *NRS, Child Care Licensing Board, School District, Head Start, Project Aupres, Rehab.*
- ☒ Coordinate with determined needs.
- ☒ Solicit potential team members; confirm interest in participation. *Head Start cannot, others O.K.*
Nurse, Sp-Lang - only at own facilities

IV. Set up Screening Site(s).

- ☒ Determine type of site to use *(hospital) school, etc)*
- ☒ Determine best geographic location(s). *South County, Mid-County, North County.*
- ☒ Determine approximate dates and times. *April-May-June (end month)*
- ☒ Determine general site needs (space, furniture, etc.)
- ☒ Solicit sites.
- ☒ Develop a site-coordinator at each site. *Sue Ann Karsberg, P.R.A.-ACH*
- ☒ Set dates and times. *Karen Wood, CCC-Com. Dir.-SE*
- ☒ Alert team members to dates and times. *Kathy McLaughlin-Child Care,*
- ☒ Make adjustments in team as necessary.
Site coordinators to arrange facility, Smith parents, speech & language.

9:30-2:30
Screening
11:00 4/6
5/5
6/26

V. Materials Acquisition

- ☒ Determine materials needed.
 - ☒ Screening Tests *Denver, CIP, Motor, Lang, Peabody Func. Vis.*
 - ☒ Forms *Permission to test, release, description*
 - ☒ Parent Information Brochures *RHISE*
 - ☒ Equipment *other than kits/camera - chairs, tables*
 - ☒ Facilitative materials (name tags, etc.) *name tags, folders*
- ☒ Determine how to acquire materials.
- ☒ Arrange materials acquisition.
 - ☒ Ordering *Denver, brochures, CIP*
 - ☒ Borrowing *Functional Vision - some will bring own things*
 - ☒ Purchase locally *film, name tags, folders, etc.*
 - ☒ Develop *Permission slips, health forms, etc.*
- ☒ Assemble materials as acquired.
 - Denvers - late coming in*

VI. Publicity

- ☒ Determine who to contact. *Child Care Centers, Care Givers, School*
 - ☒ Develop flyers.
 - ☒ Print flyers.
 - ☒ Distribute Flyers.
 - ☒ Contact other media sources if desired.
- not this time*

VII. Pre-Screening Preparation.

- ☒ Set up staff-training date to review procedures instrumentation and to get acquainted.
 - ☒ Set date, location and time.
 - ☒ Contact team members.
 - ☒ Hold meeting.
 - ☒ Have appointments set.
 - ☒ Contact site coordinator to be sure everything is ready.
 - ☒ Send a reminder to team members.
 - ☒ Assemble all materials.
 - ☒ Set up folder on each child.
- Admin. Bldg.
8:30-10:00
3/27*

VIII. Screening and Team Review

IX. Post-Screening Follow-up

- ☒ Thank you letters to site administrators and coordinators.
- ☒ Thank you letters to team members.
- ☒ Follow-up letters to parents.
- ☒ Forward screening information to appropriate agencies.

Do Each Time

2. DEVELOPING A TEAM

Utilizing the information from the survey, an infant screening team (or teams) can be formed. To do this, first list the areas to be screened. Then list the type of professional participation for each area.

For example:

Vision	-Vision/Mobility Specialist or Eye Doctor
Hearing	-Audiologist, Infant Hearing Specialist
Motor Coordination	-Occupational or Physical Therapist

Tentatively schedule professional involvement, and determine approximate screening dates, times and training session times. Then contact those individuals who have indicated interest in participating and discuss the screening with them. Be sure to show that you are organized and have knowledge of the instrumentation, but be open to further suggestions. If professionals are still needed for any role or for a prospective site, those who have agreed, as well as the heads of various agencies/organizations, can be good resources.

If you do not have people for each role for each prospective site, contact those who have agreed to participate and the heads of various agencies/organizations for further suggestions.

3. INSTRUMENT SELECTION

Initially, the instrumentation should be based on the needs assessment survey. After the survey is completed and the screening team is developed, adjustments can be made. This allows the use of the expertise of the screening team members.

Prior to the team's first meeting, refinement of the proposed instrumentation needs to occur. The core screening tools should be selected so that this first meeting can serve as a training session as well as a preparation of the screening format. The instruments should also be distributed to the team for review before the meeting. Team members should be encouraged to bring suggestions with them to the training session.

In this project, the survey indicated that the initial decision to use the Denver Developmental Screening Scales was a popular choice with physicians and nurses, but only a fair choice with therapists and educators. In addition, the motor specialists expressed preference for using two other instruments Milani-Comparetti and ISMAARD (Early Intervention Development Profile) published by the University of Michigan Press. The speech therapists preferred additional developmental checklists. Other professionals indicated that instrumentation was still needed for social/emotional and medical information.

Using this information, the project retained the Denver with its parent form as the core instrument, and the CIP (Comprehensive Identification Process) Parent Interview Form was selected to provide general family information. Forms for gathering prenatal and medical information were developed. These and the screening procedure itself were explained at the training session. Then changes and modifications were made, and suggestions were noted. The screening teams' developments are noted in Figure 3.

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Figure 3.

PROJECT INSTRUMENTATION* AND REASONS FOR SELECTION

	INSTRUMENTS	REASONS
SOCIAL/ EMOTIONAL	CIP Parent Interview Form Supplementary Interview Form Denver Developmental Scales Parent Questionnaire (appropriate age level) Observations	The CIP was chosen because it is used by the local Child Find program and would thus lend constancy to the infant and preschool screenings. It lends itself to a parent interview setting, thus broadening the areas one can explore even though many of the items are designed for older preschoolers. To expand the CIP, a form was to be used as a cover sheet. It expands the information about the family. The Questionnaire supplements the CIP regarding specific skills of the child and is coordinated with the VOS Screening Form which was used. The child and parents are observed by all team members during formal evaluation, transition from one area to the next, and in unstructured periods. This provides a more complete picture of the child.
MEDICAL	Prenatal History Form Infant Health History Form Subsections of CIP Parent Interview Form	Concerns for legal responsibilities made the medical personnel reluctant to do even cursory physicals. Medical information was therefore limited to the information on the CIP, prenatal responses, and the checking of immunizations and the child's general medical history. Medical personnel decided to distribute information regarding immunizations, clinics, and nutritional needs of children. They would consult with parents, observe the child's behavior, color, posture, etc., and complete the prenatal and medical history forms.
FINE AND GROSS MOTOR	Denver Development Scales Screening Form (Fine and Gross Motor Sections) Rehab Ltd. Occupational Therapy Screening	Team members decided to use the designated parts of the Denver, but when results were not well defined, additional instruments would be used. The project's Motor Specialist (an Occupational Therapist) designed a checklist to assist in evaluating reflexes, and tone, as well as the activities in fine and gross motor on the test.
SPEECH AND LANGUAGE	Denver Developmental Scales Screening Form (Language and Cognitive Sections) Various Alternative de- velopmental and screening checklists.	The Denver was used as a basis and coordinated with parent responses to the language questions on the CIP. Once again, when the results were not well defined, additional instruments were used. The speech therapists (different at each site) decided to use different developmental or screening checklists they used in the normal operation of their clinics. Thus, they were comfortable with materials they used to supplement the Denver.
HEARING	CIP Parent Interview Form Environmental Functional Hearing Assessment (Impedance Testing)	Initially, general auditory observations and responses were all that were completed. At one site the hospital Audiologist was available to do Impedance testing. When possible, this addition should be made.
VISION	Postbody Functional Vision Assessment CIP Parent Interview Form	As acuity is difficult to measure at this age, the Infant Orientation and Mobility specialist suggested use of this instrument. Using this with the parent interview questions on the CIP has proven quite successful.

*Ordering information is in Appendix C.

4. PARENT MATERIALS

Parent materials must be selected to give parents information regarding their children's needs and the availability of community resources. To meet the first, materials available through HCEEP grant project specifically for infants should be reviewed. County health departments, Child Care agencies, and Home Economics extension offices are other local sources of information for parents. Also request the screening staff to bring any materials they have.

Parents should receive:

1. Literature on immunizations.
2. Developmental milestones information.
3. List of Activities to foster development.
4. Specialized handouts for parents requesting help in toilet training, behavior management, etc.
5. A letter explaining what was done at the screening.

After the screening team has met and reviewed the cases, a follow-up letter should be sent to the parents. This should confirm the results of the screening and indicate any recommendations or referrals that have been made.

The project found the materials from Project RHISE in Rockford, Illinois, as well as those from the state Home Economics Extension office and the Day Care Licensing Board to be of particular value. In addition, two groups had recently compiled resource guides for parents in our community. We distributed to everyone the general guide from the Home Economics program of the school system. The resources for children with Special Needs from the Early Childhood (Interagency) Council was distributed as needed.





PART II

THE INFANT AND TODDLER
SCREENING PROGRAM

THE INFANT AND TODDLER SCREENING PROGRAM

Once the need for the screening has been determined, the core team developed and materials selected, the screening itself becomes the main concern. Setting up mechanisms for advertising and scheduling, as well as acquiring materials and sites, are very important at this stage. Development of the actual screening procedures and arrangements are now paramount.

Part II contains suggestions for consideration in implementing the program. Specifically it covers:

1. Screening Arrangements
2. Personnel Training
3. The Screening
4. Case Review
5. Follow-Up



1. SETTING UP THE SCREENING

▲ LOGISTICAL CONSIDERATIONS

Logistical considerations involve the decisions of when and where the screenings should be done, how long they will take, and how you will publicize this information.

Timing

First, decide how many screenings should be held in a year (or semester).

Considerations: How much time can personnel devote to this?
What is the accessibility of facilities?
What is the size/need of the community?

in most medium-sized communities (pop. 750,000) 1 to 2 infant screenings each semester, up to a maximum of 8 per year, should be sufficient.

Sites

Sites need to be accessible and geographically located to serve the greatest number of people. Other concerns such as willingness of facilities to supply space and equipment will also enter into the site decision. In addition, other uses of the facilities by the involved agencies bring other concerns:

- First, do we wish to further impinge upon their hospitality?
- Second, will parents be comfortable bringing infants to such a site?

Various types of sites can be considered for use including community agencies, churches, schools, and hospitals.

Considerations: Is it accessible?
Is it located where the population is?
Can space requirements, etc. be met?
Will it be an agreeable location for parents?
Will it further or hinder public relations?

In the project it was determined that a hospital site was preferable to parents. Fortunately, a hospital administrator had already expressed interest via the needs assessment. After having one hospital agree, it was comparatively simple to line up others. This setting has also served to increase the awareness of the medical community to the interests and abilities of a variety of agencies in providing services to special needs children. Also, by using the hospital facility, personnel from the facility have been able to participate in the screening.

Facilities

The selected facility needs to be large enough to accommodate several evaluation centers, a waiting and play area, and a quiet area for the hearing testing. Space should be provided for the parent to participate in each of the evaluation areas. The space needs to be large enough to facilitate movement between areas and yet provide an area which is observable. Adequate equipment will also be needed and should be supplied by site. Equipment includes tables, chairs, etc. as determined by the number of centers planned and the number of children to be screened.

Considerations: Is the space large enough?
Is a quiet area for hearing testing available?
Is needed equipment available?

Typically most sites have a large room to offer. This will usually be adequate if a quiet room is also available. Ideally a suite of rooms will present an optimum screening location. (Figure 4.)

Time

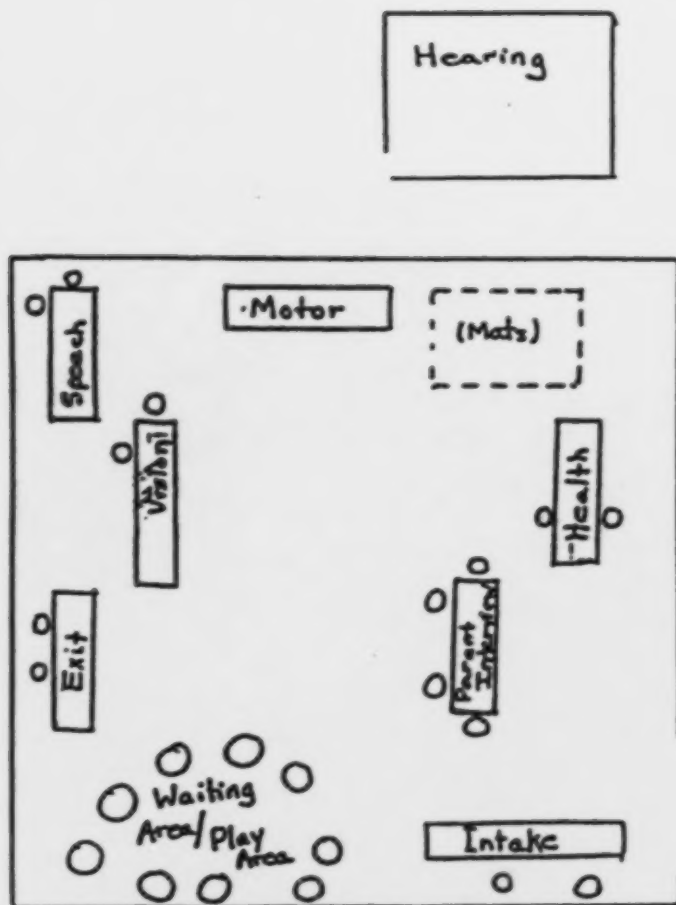
Time is a major consideration. Screenings should be as short as possible. The average length should be 30-60 minutes in addition to the parent interviews and health history which take about a half hour. Over this amount of time, adequate information should be attained on which to decide if further evaluation is required. It also should be a time period conducive to the temperament and stamina of the age group. If one wishes to shorten this time, the parent interview could be conducted over the telephone prior to the screening and then reviewed at the time the child is brought in.

Holding screenings in the morning allows children to be relatively fresh when they arrive and does not interfere with standard after-lunch naps. It also allows the professionals to work at the screening in the morning, have a working lunch discussing the screenings, and return to their offices in the afternoon. This is important when utilizing a volunteer staff.

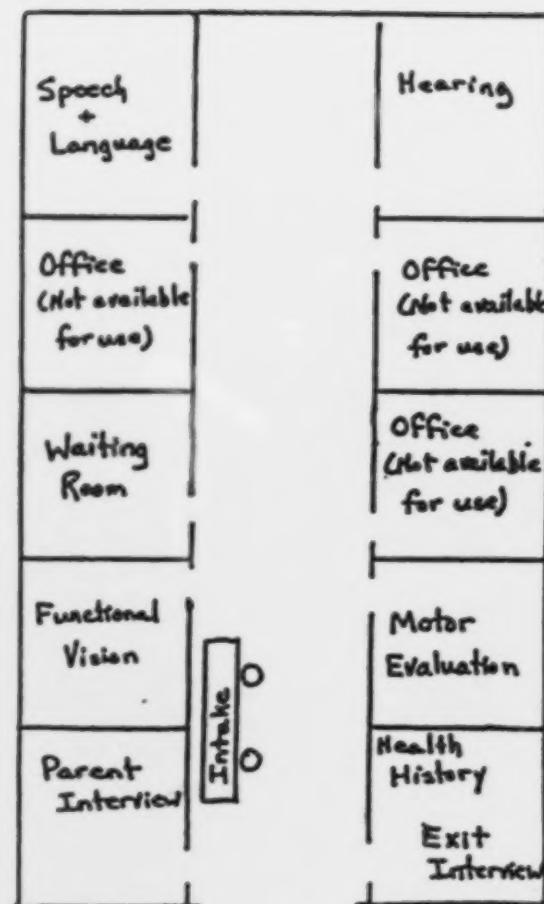
Considerations: How long will the screening take?
What is the best time for the children?
What is best for the professionals?
How long is the site available?

Typically, screenings are scheduled from 9 a.m. - 12 noon. Professionals arrive at 8:30 a.m. and cases are reviewed from 12:00 - 12:30.

Specific screening dates should be set after dates that the personnel and sites are available have been determined.



SINGLE, LARGE ROOM W/SEPARATE SPACE
FOR HEARING SCREENING



SUITE OF ROOMS

Figure 4.

SAMPLE FACILITY ARRANGEMENTS

Personnel

The screening team should be composed of professionals from various community agencies. The interagency cooperation assists in meeting the goals of the screening. The screening can, of course, be conducted by a single agency.

The team with which the project has had greatest success is composed as follows:

Intake	2 volunteers
Parent Interview	2 professionals (HRS Social Worker, Day Care Licensing Board Personnel)
Health Interview	Nurse, Physician's Assistant or Physician (supplied by site)
Functional Vision	Teacher of visually impaired
Functional Hearing	Teacher of hearing impaired or audiologist
Motor Skills	Occupational or Physical Therapist
Language	Speech Therapist
Exit Interview	2 Professionals (also serve as facilitators)

Considerations: What are the areas to be screened? What expertise is needed? What agencies wish to participate? Where can I get volunteers?

Be sure to determine whether the team members are familiar with the screening devices to be used or if they have other suggestions. Are there also materials that they can supply?

A MATERIAL ACQUISITION

Materials fall into four categories - those which must be ordered, those which can be purchased locally, those which must be developed, and those which can be borrowed.

Purchasing Materials

Starting in time sequence, the ordering of materials should be done at least six-to-eight weeks in advance of the screening to be sure that they arrive in time. Things to be ordered will include copies of the screening instrument(s), response forms of various types, and the literature to give to the parents. The quantity needed will depend on the size of the screening to be conducted and whether the screening team can contribute any of the needed materials.

The project used two Denver kits. In addition, the professionals brought the other instruments they wished to use and we purchased the response sheets.

Considerations: What is needed for the screening?
 What is needed for parent information?
 Where will this be purchased?
 What is the time needed to fill the order?
 How soon before the screening is it needed?
 Can someone lend the needed materials instead?

Materials to be purchased locally can be done in relation to their need. Stickers or raisins can be purchased immediately before the screening while materials needed to prepare for the screening, such as name tags, will need to be bought a week or so in advance.

Borrowing Materials

Materials which are to be borrowed must be secured next. These materials include screening materials (from the professional staff or resource libraries), and toys for the children's waiting area. If specialized equipment such as audiometers will be needed, this must also be arranged. Adequate equipment is necessary. This includes items such as tables, chairs, etc. as determined by the number of screening steps planned, and the number of children to be screened. Usually these can be obtained from the site.

Considerations: What will the screening site provide?
 Do team members have materials they will use or share?
 What resource libraries can be contacted?

Obviously, borrowing materials can save a lot of money. Be sure, however, that what is borrowed is appropriate, complete, and is returned promptly and in good condition.

Developing Materials

Next are the materials which must be developed. These fall into three groups: forms, correspondence, and advertising. (Advertising is discussed later.)

Forms may, however, already exist in the agency especially for permission to screen, permission to share information, case summary sheets, permission to photograph (if you plan to do so), etc. Modification of the interview form or any other part of the screening materials will need to be developed (with appropriate approval.)

Examples are located in the Appendix.

Draft copies of letters will need to be developed. These include confirmation of screening dates/times and training session to professional staff, thank you letters for them after the screening, confirmation of site and equipment letters, thank you letter for use of site, letter to parent stating what was done at the screening and when they will hear from the staff (to be given out the day of the screening), and two follow-up letters to the parents. One of these will indicate the screening found no problems; the other will provide information regarding concerns that were noted and who will be contacting the parent to arrange further evaluation.

Considerations: What forms, etc. already exist?
 What are printing costs and deadlines?
 Are all aspects of the screening, pre-screening and post-screening activities considered?

You may wish to develop a follow-up questionnaire for parents to evaluate the screening.

ADVERTISING

The largest form of advertising is the development and distribution of flyers. The flyers should be clear and concise. If there is a cost, be sure to indicate this, otherwise show that the screening is free. The flyers should be distributed a month in advance of the first screening.

The distribution used by the project is wide-based: area day care and preschool facilities/licensing board; other early childhood programs; public/private schools; pediatricians; obstetricians; hospital obstetric and pediatric units; health services - health department, HRS developmental services, etc., and the media.

The media is your second area of advertising. A press release for radio and television stations and newspapers should be developed and sent out with a copy of the flyer. Depending on their policies concerning use of community service bulletin boards, this will gain a varying amount of publicity. Be sure to include small community "advertising" papers and cable stations on the contact list.

Considerations: Who do I want to reach?
 Are there timelines to consider?
 Is the material clear and concise?

The amount of publicity sought will depend on response rates and the number of children that can be screened in the time allotted.



FREE

Infant and Toddler Screening Program

for

Children ages Birth to 2 years
(2 years-11 months)

October 2, 1985	ALL CHILDREN'S HOSPITAL CHILDREN'S CLINIC 801 - 6th Street South St. Petersburg, FL
December 4, 1985	SUN COAST ORTHOPAEDIC HOSPITAL 2825 Indian Rocks Road Largo, FL
March 5, 1986	HORTON PLANT HOSPITAL TUTTLE AUDITORIUM 323 Jeffords Street Clearwater, FL
May 7, 1986	ALL CHILDREN'S HOSPITAL CHILDREN'S CLINIC 801 - 6th Street South St. Petersburg, FL

IF YOU HAVE CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT, CALL FOR AN APPOINTMENT: (813) 797-1118

(Appointments are required)

Areas to be screened are

VISION

SPEECH

HEARING

MOTOR COORDINATION

Sponsored by the Pinellas County School System and the High School/Preschool Partnership Program.*

*The High School/Preschool Partnership Program is an IDEED Project funded by the U.S. Dept. of Education.

Figure 5. Sample of advertising flyer (8 x 14)

A SCHEDULING

First set up the dates and times. Run screenings from 9:00-12:00. Initially schedule children every half-hour and then fill in for every quarter hour. Try not to double schedule beyond the quarter hour. An alternative scheduling plan would be to schedule children two at every half-hour instead. Advance appointments assist in providing an even flow of children and parents with minimal delays.

Use a scheduling form. The scheduling forms have two pages. The first is the actual schedule page with date and times. It includes the child's name, date of birth, and the parent's name and phone number. The second page is for further information and adds the address and the presenting concern. Once the scheduled time slots are filled, a waiting list can be maintained. This allows immediate rescheduling of children if there are cancellations.

The person taking the appointments should screen the calls to assure that appointments are filled with children for whom there are concerns. Many parents will wish to bring their children in for confirmation of normal development.

To avoid filling the calendar with children about whom there are no concerns, the project has had success by explaining the purpose of the screening to the parents. By telling them that the screening is basically for children who the physician, parent, etc. has concerns about, and that it is not a "well-baby" checkup, most parents self-select the appropriate response.

The person scheduling will need to be sure the child is of the age you wish to reach.

Considerations: Who will take the appointments? What advance information is needed? Will you accept "walk-ins"?

Two days before the screening confirm all appointments by telephone and reschedule those on the waiting list.

Figure 6.

SAMPLE APPOINTMENT SHEETS

APPOINTMENTS
page 1

SCHEDING 6/24/85

PORTON PLANT HOSPITAL
TUTTLE AUDITORIUM
(Address)

TIME	CHILD'S NAME	PARENT'S NAME/DAY PHONE NUMBER
9:00		
9:15		
9:30		
9:45		
10:00		
10:15		
10:30		
10:45		
11:00		
11:15		
11:30		
11:45		
12:00		



APPOINTMENTS
page 2

Child's Name
Parent's Name
Address and Phone

Reason for Concern



2. THE TRAINING SESSION

The training session for professional staff should be brief and, if there is stability of volunteers, it may be able to be dispensed with after the initial one. The primary purpose of this session is to acquaint the professional staff with one another and with their counterparts for other screenings. Secondly, the session is to familiarize the staff with the instruments and procedures to be followed.

Begin with introductions; name tags will be helpful. Discuss the procedures to be followed from parent arrival onward. If possible, have diagrams of the site and explain the physical arrangement and organization of the screening itself.

Next, go over the instrument(s) to be used and the materials. Have team members present what they have brought to use. Be sure to allow time for experimentation with the instruments. Follow up with a questions and suggestion period.

Considerations: Do the team members know each other?
Do the team members know the instruments and materials?
Are the time and location of the training appropriate for the staff?

Keep the session short - 2 to 2-1/2 hours. Remember -- these are volunteers with other jobs to do! Offer coffee and snacks if possible.

INFANT-TODDLER SCREENING TRAINING SESSION AGENDA 9:00 - 11:00	
I. Introductions	
II. Discussion of Model	
A. Age range to be Screened	
B. Station-to-Station Movement	
C. Staffing of Stations	
III. Instrumentation	
A. Denver Development Scales	
B. CIP Parent Interview Form	
C. Peabody Functional Vision Test	
D. Medical Information	
E. Other Forms	
F. Open to Suggestions	
IV. Team Members' Roles	
A. Duties at Each Station	
B. Case Review Procedure	
C. Follow-up	
Complete by 10:30	
V. Time to Review and Practice with Instruments	

Figure 7. Sample Training Session Agenda

3. CONDUCTING THE SCREENING

Be prepared!
Be organized!
Be early!

These are probably the three most important concerns in conducting a successful screening.

▲ PRESCREENING PREPARATION

In the week before the screening parents and team members should be renotified and have their participation confirmed. Folders for each child should be set up with all necessary forms. The forms should have basic identifying data filled in. (Appendix B)

Have all the materials and have extras of items such as pencils, etc. Have the materials set up in the way they will be utilized. Request the staff to arrive 1/2 hour before the first appointment so they can familiarize themselves with the environment. This also provides time to rearrange the setting if necessary. Signs may need to be placed so that the clients can find the screening.

▲ CLIENT ARRIVAL

Signs should be clearly placed to direct parents where to go for the screening. Parents should be greeted. If a hospital site is used, their volunteer corps may be able to assist in greeting and escorting parents to the location.

▲ INTAKE

Upon arrival the child's name should be checked against the schedule, permission forms should be completed, and name tags should be given to the parent and child. A very short questionnaire regarding the parents' expectations of the screening should be completed. If desired, an instant-developing picture should be taken and attached to the child's folder. Pictures make identification easier when the team discusses the child later. The parent and child should then be escorted to the first testing area or the waiting area, if necessary.

▲ PARENT INTERVIEW

This requires the parent to be interviewed using the form(s) that have been selected.

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▲ PARENT INTERVIEW

This requires the parent to be interviewed using the form(s) that have been selected.

In our case there were two items: the child background form (a combination of the Comprehensive Identification Process (CIP) and our additional information) and the parent reports of the Denver Developmental Screening Scales.

If parents fill these out independently there is still the need to go over the forms with them; the preferable technique is to complete this form as an interview.

If the child and parent can separate at this point, it will speed up the process. There are, however, instances when the screening staff may wish to have the parent present.

▲ MEDICAL HISTORY

This is another parent-centered activity.

To reduce medical liability, the project did not have medical personnel do physical examinations.

Situations may vary but basically the medical person reviews the pre-natal history and the child's medical history, and presents information on immunization, checkups and clinics. She/he may observe the child for color, posture, etc., but formal evaluation is not done. If possible, height and weight measurements should be taken.

▲ FUNCTIONAL VISION

Using the Peabody Functional Vision Test, the child's eyes are tested, not for acuity, but for use of vision. In addition, the specialist completes the vision-oriented section of the CIP with the parents. The difference between functional vision and acuity testing must be explained to the parent.

▲ HEARING

This is also a functional testing with a parent interview and observation of the child's responses to noise. In some cases it may be possible to do impedance testing as well. The specialist interviews the parent with the appropriate section of the CIP.

▲ SPEECH AND LANGUAGE

The therapists complete the language section on the Denver and the CIP. In addition, some therapists prefer to add another screening device to more clearly look at receptive vs. expressive language.

▲ MOTOR SKILLS

The occupational therapist or physical therapist completes the fine and gross motor sections of the Denver and any applicable items under the "Personal/Social" area.

The project's O.T. also developed a checklist of reflex and muscle tone items that she examines. (See Appendix C.)

A EXIT INTERVIEW

The interviewer assures that all areas have been screened and all items have been completed. Overlooked items are completed at this time. Explanation is given to the parent regarding what has been done and what the next steps will be. Parents are given packets of materials and their use is explained. The parent is thanked for participating in the screening and told that they will receive a letter within the next two weeks.

A TECHNICAL REVIEW OF SCREENING

This should be completed on the initial screening and occasionally thereafter. This assists in determining whether the screening procedure is meeting expectations. If possible, a professional who is not participating in the screening should serve as observer and complete the review.

Figure 8. On the following page is a copy of one of the technical reviews of a screening by the project. (A copy of the form is also in Appendix C.)

TECHNICAL REVIEW OF SCREENING

	YES	NO
Site was adequate. <i>separate rooms last time - better than large room.</i>	☒	☐
Personnel arrived on time.	☒	☐
Screening was organized.	☒	☐
Personnel were organized	☒	☐
Signs were placed to assist parents in finding location.	☒	☐
If on time, parents' appointments were kept.	☒	☐
Overall parents were satisfied with screening.	☒	☐
Stations were adequate/efficient.		
1. INTAKE	☒	☐
2. PARENT INTERVIEW	☒	☐
3. HEALTH SURVEY	☒	☐
4. FUNCTIONAL HEARING EXAM	☒	☐
5. FUNCTIONAL VISION EXAM	☒	☐
6. SPEECH AND LANGUAGE	☒	☐
7. MOTOR SKILLS	☒	☐
8. EXIT INTERVIEW	☒	☐
Screening battery was adequate		
Ease in use	☒	☐
Time required	☒	☐
Information gained	☒	☐
Team Follow-up		
Confidentiality	☒	☐
Professional	☒	☐
Team input requested	☒	☐

Average Screening Time: *1 hr. 20 min*

Comments:

Some handouts to parents seem dated Check w/ Home Ec Extension + Licensing Board for more up to date material

4. HANDLING THE RESULTS OF THE SCREENING

First, the staff needs to discuss the results of the screening and make sure relevant observations have been included. Do the results technically - by the criteria of the instrumentation - indicate follow-up? Or is there a feeling regardless of the results of a need for an in-depth evaluation, and if so, in what areas? If impairments are very obvious, what kinds of services appear to be needed? These recommendations will be passed on to the appropriate follow-up agency.

Second, follow-up letters need to be sent to the parents. These need to indicate that no difficulties were noted at present or the areas of concern and to whom a referral has been made.

Considerations: How long will this take? What information is needed? What is done with the results?

Third, forward the records and results to the agency which has been designated as the follow-up agency.

In this project, the final step is to forward all records of children needing follow up to Child Find. Those children are then entered into the Child Find tracking system. Coordination of recommendations and evaluations are subsequently arranged by Child Find.

5. FOLLOW-UP PROCEDURES

Immediate follow-up in the form of a letter to the parents regarding their children's needs has been discussed. At this time it may also be helpful to send a short questionnaire regarding their perception of the testing. Again a likert-type scale is recommended - but one which only requires a check mark. Keep the survey short (5 items, if possible).

Follow-up data from Child Find will also be helpful to determine the worth of the screening. If Child Find has a tracking system, this will facilitate the acquisition of data. If not, it may be necessary to sit and review the folders periodically regarding evaluation and placement so that the screening program can maintain data on identification.

Considerations: Were the needs of the parents/children met?
How quickly were responses made?
How will the children be followed?

*The other follow-up is the *thank you's* to screening team members, site administrators, and volunteers.





PART III

COST CONSIDERATIONS

43.

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COST CONSIDERATIONS

Cost is frequently an overriding concern of administrators. This section is designed to provide information regarding the necessary capital outlay and the personnel time required. Costs may vary from those given depending on available sources. Costs are given as if commercial rates apply.

As this model is predicated on voluntary cooperation of various agencies, personnel needs are discussed relative to time spent rather than actual dollar cost.

The three categories discussed in Part III are:

1. Start-Up Costs
2. Continuing Costs
3. Interagency Cooperation/personnel Needs



1. START-UP COSTS

Start-up costs include those costs which are only generated to start the program. These costs cover the needs assessment and non-consumable materials needed for the screenings.

A NEEDS ASSESSMENT

The primary cost of the Needs Assessment is postage and will vary depending on the number of people surveyed. The figures below are based on surveying 100 people, and including stamped, addressed envelopes for responses:

100 copies of 1 page survey/letter	\$ 4.35
200 envelopes	7.00
200 stamps @ 22¢	<u>44.00</u>
TOTAL	\$ 55.35

COST SAVERS: In-house printing or photocopying can reduce the survey cost.

Hand delivery or intra-agency mail systems can reduce postage costs

PROJECT'S ACTUAL COST \$ 49.00

▲ NON-CONSUMABLE MATERIALS

These are the materials needed for the screening that should be reusable. They should not need to be replaced readily. These items are basically screening instruments and manuals:

2 Denver Developmental Screening Kits kit, manual, 100 forms @ \$34.00	\$ 68.00
CIP Parent Interviewer's Manual	7.50
CIP Screening Interviewer's Manual	9.00
Peabody Functional Vision Inventory	31.00
Instant-Picture Camera	25.00
Toys - for Peabody Functional Vision Inventory penlight, small toy to fit over penlight, tracking tube, shaker or rattler, sparkler toy, 4-inch object, 3-inch objects	15.00
Toys - for Environmental Hearing Screening bell, puzzle, small cars, small toys, puppet, etc.	15.00
Toys - for play area	25.00
TOTAL	\$ 195.50
	plus shipping costs

COST SAVERS: Team members may have test kits which can be used for the screenings. Resource centers such as the Florida Diagnostic and Learning Resources are another source.

The same can be true for the toys needed and the camera.

PROJECT'S ACTUAL COST \$ 49.00

2. CONTINUING COSTS

These are the costs that will be incurred each year for the screenings. The costs listed below have been figured to cover six screenings of 16 children each. The costs are divided into two categories. The first is for advertising. The second is the cost of consumable items used at each screening.

A ADVERTISING

The major advertising cost is related to the dissemination of flyers. Television, radio and newspaper coverage can usually be obtained at no cost. This can be done by utilizing community service announcement air time and press releases. Thus, no costs for media presentations has been included.

The price for flyers assumes camera-ready copy is presented to the printer and that they are printed on 8½" x 14" colored paper.

The price is also figured with mailing 400 envelopes first-class mail. Some of these will carry more than one flyer. In addition, 1,000 (with cover letters) can be mailed in a package to an agency such as the Child Care Licensing Board of Health and Rehabilitative Services for distribution.

2,000 flyers, printed	\$ 63.75
1,400 cover letters	50.00
400 envelopes	17.00
Postage for 400 envelopes, 1st class @ 22¢	88.00
Bulk mailing of 1 package of 1,000, 1st class	<u>16.00</u>
TOTAL	\$ 234.75

COST SAVERS: In-house printing services or photocopying can be done for close to the cost of paper.

Mailing costs can be cut substantially by using intra-agency mail systems and asking others to distribute for you.

PROJECT'S ACTUAL COST \$ 90.40

A CONSUMABLE ITEMS

The consumable items refer to the items which are used during each screening and which must be replaced. There are three types of these materials.

The first type of consumable items is the various screening forms. Some of the forms may be reproduced from this guide. Others are copyrighted materials and must be purchased.

The second type of items is consumable materials used at the screening but which are not forms. Included in this category are folders for maintaining each case separately; name tags for parents, children and staff; and camera supplies for taking pictures of each child for the folders. In addition, the small boxes of raisins (usually packaged 12-15 to a bag) are needed for the fine motor assessment. The raisins can also be used as reinforcers as can small colorful stickers.

The third type of consumable materials is correspondence. These materials are required for confirmation letters and thank you letters. Most important are the letters notifying parents of the results, referrals that may have been made, and any recommendations.

The materials that must be replaced for each screening are listed below. The figures are based on six screenings of 16 children each. (Samples of these forms and copies of those that may be duplicated are located in the Appendices. Addresses of publishers are also located in the Appendix.

3 pkg. CIP Parent Interview Forms (35/pkg @ 7.32))	\$ 22.00
1 pkg. Denver Forms (100/pkg @ 7.00)	7.00
3 pkg. Denver Parent Questionnaires (100/pkg @ 7.00)	21.00
1 pkg. ea: 0-6 mos.	
6-18 mos.	
18-36 mos.	
7 pkg. Peabody Functional Vision Record Sheets (15 pkg @ 2.75)	19.25
Duplicating Costs:	
100 Rehab Ltd. Forms	4.35
100 Medical Forms	4.35
100 Parent Information Forms	4.35
100 Permission Sheets	4.35
100 Case Study/Referral Forms	4.35
100 tiny boxes of raisins	6.00
stickers	6.00
name tags	8.20
instant camera film	96.00
flash cubes/bars	18.00
100 manila folders	11.00
150 envelopes	5.25
postage for 150 letters, first class @ 22¢	33.00
paper for letters (150 sheets)	3.00
TOTAL	\$ 277.45
plus shipping costs	
AVERAGE COST PER SCREENING	\$ 46.25

COST SAVERS: Duplicating costs can be much cheaper if done in-house.

Instant-camera film and flashes are the greatest expense and can be eliminated if necessary.

PROJECT'S ACTUAL COST

Actual cost per screening

\$ 247.05

41.75

▲ PARENT MATERIALS

The cost of Parent Materials has not been included. This cost will vary greatly depending on what the parents need, how many items will be given to parents, and the variability of costs of the materials themselves. Individual costs will differ based on the source and whether the materials can be reproduced. Generally, materials will range from "Free" to \$1.50 per pamphlet. Sources to consider are the Home Economics Program, Home Economics Extension Agency, Child Welfare Organization, Day Care Licensing Board, Mental Health Associations and state and federal projects.

FREE OR REPRODUCIBLE MATERIALS

Pinellas County Schools Home Economics Department:

Pinellas County Family Directory

Age Characteristics of 3's, 4's and 5's

Items Commonly Found Around the Home that Could be Used as Educational Devices

Pinellas County Early Childhood Council:

Directory of Resources for Young Children with Special Needs

Pinellas County Day Care Licensing Board:

Activities for Two Year Olds

Activities for Three Year Olds

What Do You Do with an Angry Child?

Selecting a Day Care Program for Your Child

Home Economics Extension Agency

Pinellas County Schools Audiology Department:

Your Child's Hearing

Hospital sites have contributed information on immunizations and on communication skills' development

PROJECT REUSE MATERIALS

Child Development Chart	\$1.00
Parent Program Schedule	.20
Four Major Areas of Child Development	1.00
The Child at One, Two and Three Years of Age	.65
Teaching the Child at Home	1.45
Teaching the Child to Behave	1.50
Toilet Training	.45
Child Behavior Checklist	.25
Toys and Materials	1.20
An Approach to Parents' Feelings	.40
Parents as Partners	.50
Information on Cerebral Palsy	1.85
Information on Hydrocephalus	.20
Information on Down's Syndrome	.25
Information on Hyperactivity	.45
Information on Spina Bifida	.20
Sources of Information	.55
Parents' Needs	.30
Problems Which can Develop in Speech and Language Development	.20
Speech and Language Development	.95

PROJECT WELCOME MATERIAL

The Competent Premise: A Guide for Parents	.10
--	-----

Figure 9. Sample of Sources/Costs for Parent Materials

3. INTERAGENCY COOPERATION/PERSONNEL NEEDS

As mentioned earlier, personnel costs are discussed in terms of time needed. The assumption is that these requirements can be met by personnel currently on the staffs of various agencies. Inter-agency cooperation is therefore extremely important.

A INTERAGENCY COOPERATION

Interagency cooperation is needed on all levels - publicity (and referrals), screening participation, and follow-up services. Depending on the situation, formal agreements as to personnel assignment and participation may be necessary.

A greater clientele can be served if all the agencies involved can publicize the screening program to the individuals they work with and with additional agencies with whom they may be involved. By referring appropriate clients to the screening program, agencies can often assist clients in their own case loads. Usually formal agreements are not required for these kinds of activities.

Similarly, agencies generally accept appropriate referrals from any source. As the reputation of the screening program is established, the various community agencies will understand the screening recommendations are from a team of professionals. This source of referrals will become valued because the children have been screened and further interagency cooperation may be the ultimate result.

Personnel assignment is the primary issue which may require a formal agreement. This stems from two problems. The first is the request for professionals to spend their "office time" on an activity that is not run by their agency. This can become even more complex if screenings are scheduled for Saturdays and the professionals may then wish compensatory time from their jobs.

The second potential problem is the use of professional staff members in an endeavor over which the agency has no control. A simple disclaimer regarding the program may be adequate. The disclaimer must relate both to the setting and to identify agency participation but not sanctioning of the results.

The project has not had to have formal interagency agreements. Personnel have been allowed by their agencies to participate as part of meeting the agencies' mission to serve children.

▲ PERSONNEL NEEDS

With the exception of the screening dates, no full-time involvement of any personnel is required. Many of the requirements can be met during the normal course of the day. The lead agency should provide the most services, including the program coordinator, secretarial staff, telephone and typewriter access, and storage space for the materials.

Secretarial services actually account for the most time outside of the actual screening time. The secretary must set up schedules and confirm the appointments. She will also type all correspondence prior to the screening and after it. In addition, a good secretarial staff will be able to set up the folders prior to the screening dates and replenish all forms and materials as necessary.

The program coordinator will spend time in the initial needs assessment and on setting up the screening program. Subsequent to that, she/he will have to arrange and conduct any necessary training module (if necessary) and arrange the dates and sites of the screenings for the year. Before each screening the coordinator should double-check all the folders and materials. One full day will need to be devoted to each screening and the follow-up procedures. The day after the screening time must be spent with the secretary so the follow-up letters can be sent to parents, participants and agencies. The first year of the screening will require more time than subsequent years.

The screening staff needs only to devote one-half day for the training session and the days for the screenings themselves. Other, incidental contacts may be necessary but these would require little more time than would occur otherwise.





APPENDICES

55.

APPENDIX A

Sample Child's Folder

57.

NEW YORK, N.Y. 10001, NEW YORK, N.Y. 10001

SAMPLE FOLDER COVER

Pinellas County Schools INFANT - TODDLER SCREENING High School/Preschool Partnership Program 05/15/95 at Abnethy Hospital		
SUSIE SAMPLE DOB: 12/29/84 C.A. 5 mos.	Attach PHOTOGRAPH of Child Here	
Parent: Mary Sample 555-1212		
REASON FOR REFERRAL:		
SUMMARY OF FINDINGS:		

SAMPLE INITIAL PARENT QUESTIONNAIRE

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM
INFANT - TODDLER SCREENINGCHILD'S NAME: Austin Sample AGE: 5 mos.

SCREENING INFORMATION

1. Do you feel your child is having difficulty in any of the following developmental areas:

	<u>Yes</u>	<u>No</u>
Vision skills	_____	_____
Hearing skills	_____	_____
Speech skills	_____	_____
Motor skills	_____	_____
Social skills	_____	_____

If so, please explain:

2. Do you have any questions regarding general child development? _____

If so, please explain:

3. Would you like information on child development in any of the following areas:

☐ vision skills
☐ hearing skills
☐ speech skills
☐ motor skills
☐ physical development
☐ social skills (eating, sleeping, toilet training, social interaction)

SAMPLE PARENT INTERVIEW/FAMILY DATA FORM

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

INFANT - TODDLER SCREENING



PARENT INTERVIEW FORM

Child's Name: Shirley Sample

Year _____ Month _____ Day _____

Male _____ Female ☒

Date _____

Birthdate _____

CA 5 _____

Mother's Name & Age: _____

Occupation: _____

Father's Name & Age: _____

Occupation: _____

Brother's Names & Ages: _____

Sister's Names & Ages: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Is child living with both parents? _____ If not, please explain: _____

Other persons in the home & relationship: _____

Is the child in a Day Care Home or Day Care Center/Preschool Program? _____

Explain: _____

SAMPLE COMPREHENSIVE IDENTIFICATION PROCESS (CIP) PARENT INTERVIEW FORM

CIP PARENT INTERVIEW FORM				FORM 701
Child's Name: <u>Susie Sample</u>		Date: <u>85</u> <u>5</u> <u>15</u>		
Boy ☐ Girl ☐ Home Phone: _____ Work Phone: _____		Child's Birthdate: <u>24</u> <u>12</u> <u>29</u>		
Street Address: _____		Age: <u>0</u> <u>4</u> <u>16</u>		
Mailing Address: _____		Age in Months: <u>5 mos.</u>		
City: _____ State: _____ ZIP: _____		Weight at Birth: _____ lb. _____ oz.		
Elementary school this child will attend: _____				
Father's Name: _____		Age: _____ Occupation: _____ Education: _____		
Mother's Name: _____		Age: _____ Occupation: _____ Education: _____		
Number of older brothers and sisters: _____		Other people in the home: _____		
Younger brothers and sisters:				
Name _____ Birthdate _____		Name _____ Birthdate _____		
Name _____ Birthdate _____		Name _____ Birthdate _____		
Was there anything unusual about the pregnancy with this child? _____				
Did this child require any special medical care or hospitalization _____ first month after birth? _____				
Has this child ever been in the hospital or been seriously ill? _____				
If yes, explain: _____				
Has this child ever had a serious accident? _____				
When was the last time this child saw a doctor? _____				
Briefly, what was the reason? _____				
Is this child on any medication? _____				
If yes, explain: _____				
This child began walking _____ (such) _____				
Is this child toilet trained? _____ At what age? _____				
Place an X on the best answer. yes no				
Has this child ever had any ear/hearing examination or treatment? (Mark one.)				
When _____ Who _____ Results _____				
Does this child:				
1. Seem to have difficulty hearing? ☐ ☐				
2. Turn up the TV louder than other members of the family? ☐ ☐				
3. Seem to favor one ear over the other? ☐ ☐				
4. Jump or appear to be more startled than others if there is a sudden noise? ☐ ☐				
5. Seem to hear you if you talk in a whisper? ☐ ☐				
6. Make you talk loudly or repeat frequently? ☐ ☐				
7. Have a history of ear infections? ☐ ☐				
How often? _____ What treatment? _____				

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Has this child ever had a vision examination or treatment? (Mark one.)		yes	no
When _____ Who _____ Results _____		☐	☐
Does this child:			
1. Seem to have difficulty seeing small lines or pictures?		☐	☐
2. Seem to have a problem seeing things far away?		☐	☐
3. Squint?		☐	☐
4. Wear glasses?		☐	☐
5. Have eyes that turn in?		☐	☐
6. Have eyes that turn out?		☐	☐
		P	R

At what age did this child first begin to speak? Give approximate age if you do not remember exact age:			
First words _____	Two or three words together _____	Sentences _____	
Does this child: (Mark one.)			
1. Talk a lot?	often	sometimes	rarely
2. Seem to speak as well as _____	☐	☐	☐
3. Speak so you can _____	☐	☐	☐
4. Speak so _____	☐	☐	☐
5. Speak _____	☐	☐	☐
If this child:			
1. Make _____	☐	☐	☐
2. Use gestures _____	☐	☐	☐
Do you think this child:			
1. Making sounds _____	No	Yes	Example _____
2. Putting words together? _____	No	Yes	Example _____
3. With the way his or her voice sounds? _____	No	Yes	Example _____
4. Repeating sounds or words too often? _____	No	Yes	Example _____
What language(s) is spoken most frequently in the home? _____			
		P	R

Do you notice, or has a doctor reported, any of the following in this child:			
☐ Asthma	☐ Frequent fevers	☐ Headaches	☐ Overtired or lacking pep
☐ Indigestion	☐ Sinus trouble	☐ Nightmares	☐ Heart trouble
☐ Constipation	☐ Nose bleeding	☐ Thumb sucking	☐ Difficulty hearing
☐ Diarrhea	☐ Bed wetting	☐ Nail biting	☐ Difficulty seeing
☐ Vomiting	☐ Allergies	☐ Epilepsy (seizures)	(blinks, squints, rubs eyes)
☐ Other physical problems (explain): _____			
		P	R

Parent Interviewer

Can this child: (Mark one.)

Place an X on the best answer.

	always	sometimes	rarely	don't know	
1. Walk upstairs and down <u>alone</u> , both feet on each tread?	☐	☐	☐	☐	(30-35) (5)
2. Walk upstairs using alternate feet <u>and</u> using rail or other support?	☐	☐	☐	☐	(36-41) (5)
3. Walk upstairs using alternate feet — no support?	☐	☐	☐	☐	(42-47) (5)
4. Walk <u>downstairs</u> one foot per tread, using rail or other support?	☐	☐	☐	☐	(48-53) (5)
5. Walk <u>up and down</u> stairs one foot per tread, with no support?	☐	☐	☐	☐	(54-59) (5)
6. Roller skate, ride a two-wheel bicycle, <u>or</u> jump rope?	☐	☐	☐	☐	(60-65) (4)
7. Climb fences or trees?	☐	☐	☐	☐	(60-65) (5)

Does this child: (Mark one.)

1. Sing little songs or commercials?	☐	☐	☐	☐
2. Cry or whine?	☐	☐	☐	☐
3. Seem to be unusually quiet?	☐	☐	☐	☐
4. Repeat actions or words needlessly?	☐	☐	☐	☐
5. Pay attention to what you say or do?	☐	☐	☐	☐
6. Make up little games?	☐	☐	☐	☐
7. Seem to be restless or fidgety?	☐	☐	☐	☐
8. Seem to be happy?	☐	☐	☐	☐
9. Say "I can't" without trying?	☐	☐	☐	☐
10. Have temper tantrums?	☐	☐	☐	☐
11. Seem to be a leader?	☐	☐	☐	☐
12. Cry when not given his or her own?	☐	☐	☐	☐
13. Move slowly?	☐	☐	☐	☐
14. Speak in long sentences?	☐	☐	☐	☐
15. Act without reason, on the spur of the moment?	☐	☐	☐	☐
16. Play well with other children?	☐	☐	☐	☐
17. Get upset easily?	☐	☐	☐	☐
18. "Rock" his or her body?	☐	☐	☐	☐
19. Use "big" words?	☐	☐	☐	☐
20. Have many unusual or different ideas?	☐	☐	☐	☐
21. Seem to have any friends?	☐	☐	☐	☐

SAMPLE

0-1 = F
 2-3 = R
 4+ =

Parent Interviewer

What does this child like to do best at home? _____

Does he or she have any favorite games or toys? _____

Does he or she prefer to play alone or with others? _____

How old are this child's favorite playmates? (Note any relationships) _____

How does this child usually get along with his or her brothers and sisters? _____

What kinds of things does this child do that bother you? _____

Does this child have any special fears (dogs, darkness, etc.)? _____

Are there things this child does that you think are unusual? _____

Do you have any special concerns about this child? _____

Does anyone read stories to this child? _____

What kind of stories does he or she like? _____

What TV shows does this child watch? _____

About how many hours? _____

Has this child ever been to a _____

Where? _____

What would you like this child _____

Does this child display any special _____ in music, art, performing for others, leading other children,
engaging in physical activities? _____

Is there any other information that will help us understand this child? _____

Form completed by: _____

Relationship to child: _____

Thank you for your time and patience in filling out this questionnaire.



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3 - 4 MONTH

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE

Please read each question carefully before you answer. Circle the best answer for each question. YOUR CHILD IS NOT EXPECTED TO BE ABLE TO DO EVERYTHING THE QUESTIONS ASK.

YES - CHILD CAN DO NOW or HAS DONE IN THE PAST
NO - CHILD CANNOT DO NOW, HAS NOT DONE IN THE PAST or YOU ARE NOT SURE THAT YOUR CHILD CAN DO IT.

Child's Name Susie Sample

Date 5/15/85

Birthdate 12/29/84

R - CHILD REFUSES TO TRY
NO-OPP - CHILD HAS NOT HAD THE CHANCE TO TRY

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3 month check - Answer 1 through 10

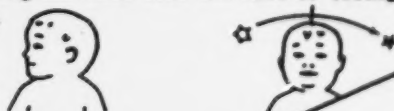
1. When your baby is lying on his back, does he move each of his arms as easily as the other and each of his legs as easily as the other? Circle NO if your child makes jerky or uncoordinated movements with one or both of his arms or legs.
2. When your baby is lying on his back, does he look at you and watch your face?

YES NO R NO-OPP
YES NO R NO-OPP

4 month check - Answer 3 through 12

3. Does your child make sounds such as gurgling, cooing, babbling, or other noises except crying?
4. When your child is on his back, does he follow your movement by turning his head from one side to facing directly forward?

YES NO R NO-OPP
YES NO R NO-OPP



5. When your child is on his back, does he move his head from side to side by turning his head from one side to the other side?

YES NO R NO-OPP
YES NO R NO-OPP



6. When you smile at your baby, does he smile back at you?
7. When your baby is on his stomach on a flat surface can he lift his head off the bed or surface like the picture below?

YES NO R NO-OPP
YES NO R NO-OPP



YES NO R NO-OPP

8. When your baby is on his stomach on a flat surface can he lift his head 45° like the picture below?

YES NO R NO-OPP



9. When your baby is on his stomach on a flat surface can he lift his head 90° like the picture below?

YES NO R NO-OPP



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SAMPLE MATERNAL PREGNANCY HISTORY

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

INFANT - TODDLER SCREENING PROGRAM

Child: Amie L. L. L. Age: 5 mosDate of Interview: 5/15/85HISTORY OF PREGNANCY

1. Was mother under care of physician (OB, GYN) from at least 3rd month to birth? _____
2. Any illness during pregnancy? _____
(burning sickness, edema)
3. Any medication during pregnancy? _____ (what?) _____
4. Did mother see any other medical professional during pregnancy? _____
(oncologist, neurologist, etc.)
If so, when and diagnosis: _____
5. Was pregnancy full term? _____ If not, how premature was delivery?
6. Was labor induced? _____
7. Length of labor? _____
8. Medications used during labor: _____
9. Mother's age at delivery: _____
10. Was baby delivered by an OB _____
Midwife _____
Other - please explain: _____
11. Was delivery vaginal? _____ Cesarean Section? _____
Was C-Section emergency or planned, and reason: _____
12. Name of Hospital: _____
If no hospital used, please explain: _____
13. Was this your first pregnancy? _____ Number of prior pregnancies: _____
14. Baby's birth weight: _____ lbs. _____ oz.
15. Did baby cry immediately? _____
16. Baby's coloration at birth: _____
17. Did baby require any special services at delivery? _____
(e.g., presence of neonatologist)

SAMPLE INFANT HEALTH HISTORY FORM

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM
INFANT - TODDLER SCREENINGINFANT HEALTH HISTORY

1. Did the baby require any medical attention during the first three months of life other than routine regular pediatric visits? _____

If so, please explain:

2. Has the child been hospitalized? _____

If so, when, where, reason:

3. Has the child ever been seriously ill? _____

Accidents?

4. Name of Pediatrician: _____

5. Names of other medical professionals the child has seen and reason:

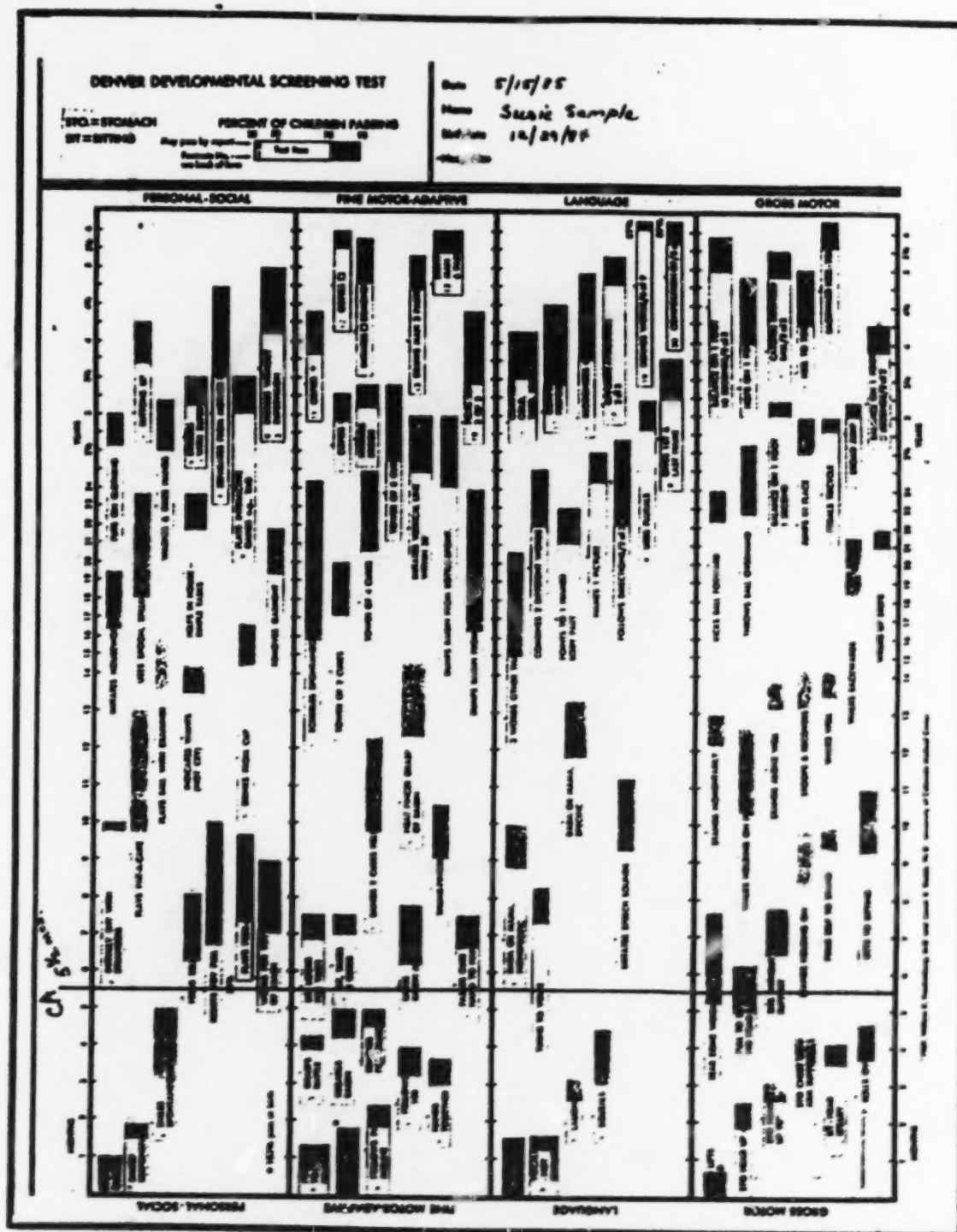
6. Has child received routine immunizations. _____

Please list ages:

7. Is child on any medication?

If so, please explain:

SAMPLE DENVER DEVELOPMENTAL SCREENING TEST



BEST COPY AVAILABLE

DATE _____
NAME _____
KIDNEYDATE _____
BCRP. NO. _____

DIRECTIONS

1. Try to get child to smile by smiling, talking or waving to him. Do not touch him.
2. When child is playing with toy, pull it away from him. Pass if he resists.
3. Child does not have to be able to tie shoes or button in the back.
4. Move your slowly in an arc from one side to the other, about 6" above child's face. Pass if eyes follow 90° to midline. (Past midline; 180°)
5. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
6. Pass if child continues to look where your disappeared or tries to see where it went. Your should be dropped quickly from sight from tester's hand without arm movement.
7. Pass if child picks up rattle with any part of thumb and a finger.
8. Pass if child picks up rattle with the ends of thumb and index finger using an over hand approach.






9. Pass any enclosed form. Pull continuous round motions.
10. Which line is longer? (Not bigger.) Turn paper upside down and repeat. (3/3 or 5/6)
11. Pass any crossing lines.
12. Move child copy first. If failed, demonstrate

When giving items 9, 11 and 12, do not name the forms. Do not demonstrate 9 and 11.

13. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
14. Point to picture and have child name it. (No credit is given for sounds only.)







SAMPLE

15. Tell child to: Give block to M. (Do not help child by pointing.) Pass 2 of 3.
16. Ask child: What do you see? Pass 2 of 3.
17. Tell child to: Put chair, behind chair. Pass 3 of 3. (Do not say "chair" or "eyes.")
18. Ask child: If fire is red, then, Dad is a ?; a horse is big, a mouse is ? Pass 2 of 3.
19. Ask child: What is a ? ..house? ..banana? ..curtain? ..ceiling? ..hedge? ..pavement? Pass 6 of 9. In terms of use, shape, what it is made of or general category (such as banana, not just yellow).
20. Ask child: What is a spoon made of? ..a shoe made of? ..a door made of? (No other objects may be substituted.) Pass 3 of 3.
21. When placed on stomach, child lifts chest off table with support of forearms and/or hands.
22. When child is on back, grasp his hands and pull him to sitting. Pass if head does not hang back.
23. Child may use wall or rail only, not person. May not crawl.
24. Child must throw ball overhead 3 feet to within arm's reach of tester.
25. Child must perform standing broad jump over width of test sheet. (8-1/2 inches)
26. Tell child to walk forward, heel within 1 inch of toe. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.
27. Bounce ball to child who should stand 3 feet away from tester. Child must catch ball with hands, not arms, 2 out of 3 trials.
28. Tell child to walk backward, toe within 1 inch of heel. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.

NOTE AND OBSERVATIONAL OBSERVATIONS (how child feels at time of test, relation to tester, attention span, verbal behavior, self-confidence, etc.):

157. 10-70

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SAMPLE PEABODY FUNCTIONAL VISION TEST

PEABODY MODEL VISION PROJECT

FUNCTIONAL VISION SCREENING TEST

Name: Suzie SampleBirthdate: 12/29/54

CA 5mo

(YES) (NO)

- ☐ ☐ 1. Pupillary reaction
☐ ☐ 2. Blinks at shadow of hand
☐ ☐ 3. Orients peripherally
 Right
 Left
☐ ☐ 4. Fixates on 4" object
 at 12 to 18 inches
 at 10 feet
☐ ☐ 5. Shifts gaze
☐ ☐ 6. Reaches
☐ ☐ 7. Tracks
 Light
 Object
☐ ☐ 8. Tracks vertically
 Light
 Object
☐ ☐ 9. Tracks circularly
 Light
 Object
☐ ☐ 10. Converges
☐ ☐ 11. Picks up or tracks (3 objects less than 1" in size)
 a. _____
 b. _____
 c. _____
☐ ☐ 12. No eye preference
 (If preference, circle) right left

Action Taken: _____

Screened By: _____

Date: _____

Cat. No. 338567
 • Stoelting Co.
 Chicago, IL 60613 USA

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SAMPLE REHAB LTD/OCCUPATIONAL THERAPY SCREENING CHECKLIST

REHAB LIMITEDOCCUPATIONAL THERAPY SCREENINGCLINICAL
OBSERVATIONSName: Susie Sample DOB: 12/29/84

CA 5mo

	Definitely Irregular	Slightly Irregular	Normal	COMMENTS
<u>Head Control</u>				
<u>Rolling</u>				
<u>Sitting</u>				
<u>Crawling</u>				
<u>Walking</u>				
<u>Neonatal Reflexes</u>				
<u>STNR/ ATNR</u>				
<u>Proximal Cocontraction</u>				
<u>Postural Control with Movement</u>				
<u>Balance</u>				
<u>Muscle Tone</u>				
<u>Gross Motor- general</u>				
<u>Fine-Motor</u>				
<u>Hyperactivity</u>				
<u>Distractibility</u>				
<u>Behaviors</u>				
<u>Sensory</u>				

1985 Adele Luxe, O.T.R.

655 Ulmerton Road, Bldg. 2 • Largo, Florida 33541 • (813) 581-1187

SAMPLE NOTE SHEET

NOTES - Screening Observations.

Baby was very passive
A.N.

SAMPLE CASE SUMMARY FORM

FDLBS/OUTPODCAST CENTER

CASE SUMMARY

Sex F
 Race Black
 County Palm Beach
 Area _____
 Case Worker _____

NAME Sample Susie DOB: 12/29/84
 LAST FIRST
 Presenting Problem _____ Exceptionality
 (in school only) _____

Parent's Name Mary K. Sample

Phone Number: Home 555-1212 Business 555-6611

Address: 1234 Home Ave., St. Petersburg, FL 33832

Agencies/Physicians Involved: _____

Referral Source: High School / Preschool Partnership Program Date: 5/15/85
Infant-Toddler Screening

CASE CONTACTS

DATE SUMMARY

SAMPLE INTERAGENCY COMMUNIQUE FORM

PINELLAS COUNTY SCHOOLS

INTERAGENCY COMMUNIQUE

Part I

TO: Division of Blind ServicesDate 5/15/85

Agency Name _____

Address _____

City, State, Zip _____

RE: Susie SampleDate of Birth 12/29/84

Child's Name _____

Phone Number 555-1212 / 555-4611Parent's Name Mary K. Sample

Parent's Name _____

City, State, Zip St PetersburgAddress 1234 Home Ave

Address _____

Service Requested:

Have parents been informed of referral? Yes ☒ No _____Referring Agency High School/Preschool Partnership

Phone Number _____

Worker's Name Infant-Toddler Screening

Address _____

City, State, Zip _____

Part II

Services Provided (to be completed and returned to referring agency within 90 days)

Signature of Receiving Agency Person _____

Date _____

Copy 1 & 2 to referral agency with Part I completed

Copy 2 to be returned to referring agency with Part II completed

Copy 3 to be retained by referring agency for information and tracking

PCS Form 1912 (10/84)

APPENDIX B

Sample Follow-Up Letters

1. Parents
2. Site Administrators
3. Screening Staff

SAMPLE PARENT LETTER

APPARENT DEVELOPMENTAL PROBLEMS

SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA



Scott H. Ross, Ed.D.
Superintendent

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

Countryside High School
3000 State Road 580 • Clearwater, FL 33519
(813) 797-3138

The Rev. Albert G. Blomquist, D. Min.,
Chairman
Gerald R. Castellanos,
Vice-Chairman
Bobby L. Hammond
Calvin A. Hunsinger
Frank K. Pryor, Ed.D.
Walter J. Veege
Ron Wilbur

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

Dear :

Re:

Thank you again for your participation in the Infant and Toddler Screening Program. Your child's screening results have been reviewed, and the consensus of the professionals involved is that your child is functioning within normal limits in the following areas:

cite areas within normal limits

The interaction between you and your child appears to be conducive to continued growth in each of the areas screened.

It is, however, recommended that you give special attention to monitoring your child's development in the following areas:

cite areas requiring monitoring or further evaluation

_____ will be referred to Child Find for placement on the preschool tracking system and for further evaluation in the areas noted above. His/Her needs will be conveyed to them. (and other agencies if appropriate)

If you have any questions about the screening or if you would like additional developmental pamphlets or activity lists for continued growth, please do not hesitate to contact us at 797-3138.

Sincerely,

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

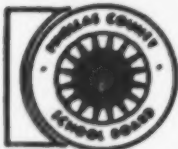
JJ/1k

OC:

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an equal opportunity institution for education and employment

SAMPLE PARENT LETTER

SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA



Scott H. Ross, Ed.D.
Superintendent

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

Countryside High School
3000 State Road 580 • Clearwater, FL 33518
(813) 787-3138

The Rev. Albert S. Blomquist, D. Min.
Chairman
Donald E. Conditon
Vice-Chairman
Betsy L. Mandan
Carol A. Hunsinger
Frank E. Proulx, Ed.D.
William J. Vargo
Ron Walker

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

Re:

Dear :

Thank you again for your participation in the Infant and Toddler Screening Program. Your child's screening results have been reviewed, and the consensus of the professionals involved is that your child is functioning within normal limits in the following areas:

Functional Vision
Functional Hearing
Speech and Language
Motor Coordination
Personal/Social Skills

The interaction between you and your child appears to be conducive to continued growth in each of the areas screened.

We appreciate your efforts as a concerned parent and hope you will continue to monitor and promote maximum developmental growth in your child.

If you have any questions about the screening, or if you would like additional developmental pamphlets or activity lists for continued growth, please do not hesitate to contact us at 787-3138.

Sincerely,

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

JJ/lk

OC:

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THANK YOU TO SITE ADMINISTRATOR

SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA



Scott H. Rane, Ed.D.
Superintendent

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

Countryside High School
3000 State Road 580 • Clearwater, FL 33519
(813) 797-3138

The Rev. Albert S. Blomquist, D. Min.
Chairman
Gerald R. Conkman
Vice-Chairman
Betty L. Hamilton
Carol A. Hunsinger
Frank K. Proulx, Ed.D.
William J. Vargo
Ron Wether

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

Dear _____,

The Pinellas County School System's High School/Preschool Partnership Program wishes to extend a thank you to you and your staff for your assistance in our recent screening.

The use of your personnel for the Infant and Toddler Developmental Screening Program was a great contribution to the entire community. Your contribution allowed us to provide Pinellas County with a much-needed program. Parents of the infants and toddlers were given a chance to have their children screened by professionals, for growth and development in the following areas: vision, hearing, speech, motor coordination and general health hygiene.

Parents of healthy, normal infants and toddlers were reassured of their child's growth and developmental skills and were given information and activities to promote continued maximum growth.

Parents whose children exhibited difficulty or delay in any of the developmental areas were given information and activities to promote growth in specific areas and referral sources, when appropriate.

The purpose of the screening program was to facilitate confidence in new parents and give birth to a new generation of informed parents. Confident and informed parents will hopefully produce a healthier population of children.

Thank you again for your assistance in this matter. You and your staff are to be commended!

Sincerely,

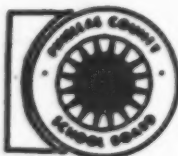
Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

JJ/lk

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THANK YOU TO SCREENING TEAM MEMBERS

SCHOOL BOARD OF PINELLAS COUNTY, FLORIDA



Scott H. Ross, Ed.D.
Superintendent

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM

Countryside High School
3000 State Road 580 • Clearwater, FL 33518
(813) 787-3138

The Hon. Albert G. Blumgart, D. Min.
Chairman
Barold R. Castellanos,
Vice-Chairman
Bobby L. Henderson
Calvin A. Henderson
Frank E. Proulx, Ed.D.
William J. Vargo
Ron Wether

Janelle R. Johnson-Jenkins, Ph.D.
Project Manager

Dear :

Thank you very much for making the Infant and Toddler Screening Program at Morton Plant Hospital a huge success. Your expertise and professionalism allowed a relaxing, yet competent atmosphere for both parents and children.

The screening procedure was conducted in a manner that allowed for an expedient, and relatively smooth transition from station to station with maximum screening results. This could not have been achieved without your total cooperation.

We hope that future Infant and Toddler screenings will be conducted as professionally and achieve similar results. The community is very fortunate to possess such professionals as you.

Thank you again for your assistance in making the Infant and Toddler Screening Program a success.

Sincerely,

Janelle R. Johnson-Jenkins

JJ/lk

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APPENDIX C

Program Forms

1. Screening Program Checklist
2. Technical Review Form
3. Appointment Forms
4. Screening Forms
 - a. Information Form
 - b. Parent Interview
 - c. Prenatal History
 - d. Infant Health History
 - e. Rehab Ltd. Occupational Therapy Screening
5. Ordering Information for copyrighted forms and materials

* All forms in this section may be reproduced for your use

INFANT SCREENING CHECKLIST



I. Survey Community for Need

- ___ Develop short survey to determine:
 - ___ --need for infant screening
 - ___ --potential professional participants
 - ___ --potential agencies to accept post-screening referrals
 - ___ --screening test suggestions/evaluations
- ___ Determine whom to contact with survey
- ___ Set deadline for return
- ___ Mail survey with self-addressed stamped envelopes
- ___ Analyze responses

II. Determine Screening Procedures

- ___ Determine areas of child development to be screened
- ___ Determine expertise needed by screening team members
- ___ Determine number of people needed for screening team
- ___ Determine screening test(s) to be used. (May wish to keep this flexible so that it can be modified by the screening team members' suggestions)
- ___ Determine approximate length of screening for each child.
- ___ Determine how often to schedule appointments.
- ___ Determine appointment-taking procedures.
- ___ Determine how team will review screening data and make recommendations.
- ___ Determine where screening data and referral will be made.

III. Assemble Screening Team.

- ___ Review responses from survey.
- ___ Determine areas of expertise represented.
- ___ Determine agencies represented.
- ___ Coordinate with determined needs.
- ___ Solicit potential team members; confirm interest in participation.

IV. Set up Screening Site(s).

- ___ Determine type of site to use (hospital, school, etc)
- ___ Determine best geographic location(s).
- ___ Determine approximate dates and times.
- ___ Determine general site needs (space, furniture, etc.)
- ___ Solicit sites.
- ___ Develop a site-coordinator at each site.
- ___ Set dates and times.
- ___ Alert team members to dates and times.
- ___ Make adjustments in team as necessary.

V. Materials Acquisition

- ☐ Determine materials needed.
 - ☐ Screening Tests
 - ☐ Forms
 - ☐ Parent Information Brochures
 - ☐ Equipment
 - ☐ Facilitative materials (name tags, etc.)
- ☐ Determine how to acquire materials.
- ☐ Arrange materials acquisition.
 - ☐ Ordering
 - ☐ Borrowing
 - ☐ Purchase locally
 - ☐ Develop
- ☐ Assemble materials as acquired.

VI. Publicity

- ☐ Determine who to contact.
- ☐ Develop flyers.
- ☐ Print flyers.
- ☐ Distribute Flyers.
- ☐ Contact other media sources if desired.

VII. Pre-Screening Preparation.

- ☐ Set up staff-training date to review procedures instrumentation and to get acquainted.
 - ☐ Set date, location and time.
 - ☐ Contact team members.
 - ☐ Hold meeting.
- ☐ Have appointments set.
- ☐ Contact site coordinator to be sure everything is ready.
- ☐ Send a reminder to team members.
- ☐ Assemble all materials.
- ☐ Set up folder on each child.

VIII. Screening and Team Review

IX. Post-Screening Follow-up

- ☐ Thank you letters to site administrators and coordinators.
- ☐ Thank you letters to team members.
- ☐ Follow-up letters to parents.
- ☐ Forward screening information to appropriate agencies.

TECHNICAL REVIEW OF SCREENING



	YES	NO
Site was adequate.	_____	_____
Personnel arrived on time.	_____	_____
Screening was organized.	_____	_____
Personnel were organized	_____	_____
Signs were placed to assist parents in finding location.	_____	_____
If on time, parents' appointments were kept.	_____	_____
Overall parents were satisfied with screening.	_____	_____
Stations were adequate/efficient.		
1. INTAKE	_____	_____
2. PARENT INTERVIEW	_____	_____
3. HEALTH SURVEY	_____	_____
4. FUNCTIONAL HEARING EXAM	_____	_____
5. FUNCTIONAL VISION EXAM	_____	_____
6. SPEECH AND LANGUAGE	_____	_____
7. MOTOR SKILLS	_____	_____
8. EXIT INTERVIEW	_____	_____
Screening battery was adequate		
Ease in use	_____	_____
Time required	_____	_____
Information gained	_____	_____
Team Follow-up		
Confidentiality	_____	_____
Professional	_____	_____
Team input requested	_____	_____

Average Screening Time:

Comments:

HIGH SCHOOL/PRESCHOOL PARTNERSHIP PROGRAM
 INFANT - TODDLER SCREENING



PARENT INTERVIEW FORM

Child's Name: _____ Year _____ Month _____ Day _____
 Male _____ Female _____ Date _____
 Birthdate _____
 CA _____

Mother's Name & Age: _____ Occupation: _____

Father's Name & Age: _____ Occupation: _____

Brother's Names & Ages: _____

Sister's Names & Ages: _____

Address: Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____

Is child living with both parents? _____ If not, please explain: _____

Other persons in the home & relationship: _____

Is the child in a Day Care Home or Day Care Center/Preschool Program? _____
 Explain: _____